

APP 34 CLAIMS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S)	11/56/591
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2		1					
3							
4		1					
5							
6		1					
7							
8	1						
9		1					
10		1					
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47							
48							
49							
50							
TOTAL IND.	3		↓		↓		↓
TOTAL DEP.	12	←		←		←	
TOTAL CLAIMS	15						

BEST AVAILABLE COPY